March 2006

STAFF HIGHLIGHTS

Internal Communique ■ State Schools for Severely Handicapped

INSIDE. . .

State Schools for
Severely Handicapped
P.O. Box 480
Jefferson City, MO 65102-0480

Barbara Stevens,
Interim Superintendent

Instructional Considerations for Students with Visual Impairments

By Diane Odegard, Supervisor for Instruction

Students who have visual impairments and severe disabilities possess a range of cognitive impairments, physical disabilities and communication impairments. Since more than 80 percent of what we learn is through the sense of sight, visually impaired students have limited access to information around them. This leads to limited motivation to explore and interact with the world, as well as a reluctance to participate in everyday situations. These students usually require extensive supports in their day-to-day lives. They often:

- need greater amounts of time to learn new skills.
- exhibit great difficulty in learning complex skills.
- learn fewer skills than others.
- demonstrate limited attending to appropriate stimuli and cues.
- have limited opportunities to observe and imitate others.
- find it difficult to remember.
- have difficulty in synthesizing separate skills into a meaningful whole.
- find it very difficult to generalize.

The development of cognitive ability involves the use of the senses because nothing can be in the mind that has not first been received through the senses. What the child feels, hears, sees, tastes and smells is processed and stored in the brain. Many of our students have received distorted information through the senses, or their brains are not able to receive, interpret and combine the information into meaningful concepts.

Considerations in determining appropriate educational programming

- Are the goals and objectives functional for the student?
- Will the tasks be rewarding enough to encourage the student's active participation?
- What aspects of the activities will be especially difficult for the student?
- What adaptations or support will be necessary to help the student be successful?
- Is the manner of presentation clear to the student from his or her perspective?
- What are the child's health, stamina, ability to manage sensory-motor demands, levels of arousal and communication status?

Teaching strategies include:

- organizing the environment at-large physically and sensorially.
- embedding essential skills development into activities.
- organizing the near environment for each activity.
- focusing on the application of essential skills, not just acquisition.
- practicing skills several times throughout the day with different people.
- encouraging active participation rather than passive stimulation.
- breaking down each activity into small, essential skills/steps; assessing the student in relation to independence on each of the steps.

Working with visually impaired students with severe disabilities is a long process. Careful planning of instruction must be accomplished, and consistency in program implementation is of utmost importance. A considerable amount of time and effort must be put into the programming, but the rewards can be tremendous.

Strategies for Teaching Students with Visual Impairments

Compiled from information submitted by teachers at Mapaville, Boonslick, Special Acres and Autumn Hill State Schools

Several teachers responded to a survey about strategies they use with visually impaired students and those with no sight. The ideas submitted have been divided among the topics of academics, self-care/daily living skills and mobility, both for visually impaired students and those who are blind. Since our students have varying impairments, these suggestions will not be applicable to everyone. Some of the ideas in the visual-impairment section could also be used for students who are blind, and a number of the strategies are appropriate for students with unimpaired vision.

Students with Visual Impairments

Academics

- Position books, artwork, PECS cards, switches and computer screens at the best distance for a student's needs. Positioning one student in a stander with a built-in work surface enabled him to focus on his artwork. Sitting another student a little to the right of a computer screen helped him use the better vision in his left eye.
- Present objects with a plain background. Show one item at a time to allow the student to focus on and process it. Limit distractions and the number of materials near the student.
- Utilize a black surface under an item if it helps the student focus on books, musical instruments, etc. One student uses a black, slanted board on which pictures and objects are placed.
- Work with the student in a darkened section of the room to make any lighted or shiny items more visible.
- Place objects on the surface of a lightbox so the student can focus on them. Colored paper or material can then be placed under the object to highlight it further; red has been useful for some students.

An example of a pre-cane device.

- Present only one sensory stimulation – visual, tactile, hearing, taste or smell – at a time in a lesson.
- Make use of books on tape and tactile books. Books with large, bold and bright pictures are helpful if reading the book to the student. Materials can be borrowed free from the Wolfner Library for the Blind and Physically Handicapped. For information, visit their Web site at http://sos.mo.gov/wolfner.
- For younger students, focus on identifying objects commonly used in the classroom by looking and feeling for them, and naming them if possible.
- Give clear verbal information and directions at all times. On integration and OCI trips, orient the student with verbal cues.
- Use a communication device with tangible objects as a schedule. When the student touches an object, the device provides a description of the next activity. Examples include a foam circle for circle time, a small block for table work, a plastic spoon for lunch and plastic shoes for walking to another area of the building.

Self-Care/Daily Living Skills

Eating

- Raise the student's plate higher off the table so the student can focus on the food. In this situation, the plate is fastened with Velcro to a bolster that lies on a non-slip rubber pad on the table.
- Put colored backgrounds on the table to make the cup and plate stand out to the student. For example, a black place mat and yellow plate would give the best contrast.
- Teach the student to look and feel for the flatware, plate and cup to self-feed.

Using the bathroom

- Have the student stand against the bathroom sink to orient on the location of the faucet, soap and towels. Let the student use sight and/or touch when washing hands.

Daily living skills

- Teach the student the skills to bring his or her eyes into focus to sort dark and light clothes for laundry, to access vending machines and to identify the switches that operate basic appliances (blender, microwave, etc.)

Mobility

- Move the student around in a wheelchair, then stop so the student can recognize parts of the environment and identify which activity will come next based on the location.
- Guide movement by encouraging

(continued on page 3)

Strategies for Teaching Students

(continued from page 2)

the use of handrails in the building or by the side of steps.

- Use pre-cane devices to move around the building and grounds. These are often provided by an orientation and mobility consultant, and they can be made in several designs. Pictures are posted under Staff Resources on the State Schools' Web site at http://dese.mo.gov/divspeced/stateschools/. The devices are lightweight and can be constructed with additional supports.
- Instruct the student to understand the directions of left, right, turn around, and go forward.
- Teach the student to listen for auditory cues about location.

Students Who Are Blind

Academics

- Place activities at the worktable on a tray that is divided into sections for several activities. The staff can verbally identify the activities and their location on the tray.
- Encourage the student to feel every item and learn to identify by touch, using both hands and not just the dominant hand.
- Have the student work from left to right and keep the non-dominant hand positioned where the student has just finished working. This way the student knows where he or she is on the activity.
- Teach the student to listen for voices and directions on all activities.
- Use auditory devices, like a timer, to warn the student when only a few minutes remain to finish an assignment.
- Focus on the strengths and interests of the student. If the student is verbal, increase his or her willingness to talk to everyone and learn about the environment.
- Teach the student to rely on other senses – sound, taste, feel and smell.

Self-Care/Daily Living Skills

Eating

- Place the non-dominant hand on the edge of the food tray to stop the student from knocking other items off the table, and to orient the student to the food.
- Identify each food item and its location on the tray for the student, or let the student identify the food by taste. He or she can then choose what to eat.
- Keep the drink in the same place so the student can feel for it and return it to the same location.
- Always have trash cans in the classroom, kitchen and bathroom in the same locations. Teach the student to feel for the can, touch its edge and then dispose of the trash.

According to its Web site, the Wolfner Library for the Blind and Physically Handicapped has more than 360,000 volumes of books in non-print formats (Braille and cassette). The library mails books and magazines to and from patrons free of charge. It also loans playback machines to those using recorded materials.

The library is located in the James C. Kirkpatrick State Information Center, 600 W. Main St., Jefferson City, Mo. Call (800) 392-2614 (toll-free within Missouri), (573) 751-8720 (Jefferson City area and outside Missouri), (800) 347-1379 (TDD) or send an e-mail to wolfner@sos.mo.gov.

Using the bathroom

- Teach the student to move around the bathroom based on touch and memory. At the sink, the student should feel for the faucets, soap and towels.

Getting dressed

- Avoid putting clothing on back to front by teaching the student to feel for labels in each item. Putting socks on correctly is more difficult; teach the student to feel for the heel part of the sock.
- Teach buttoning up from the bottom to avoid buttoning incorrectly, or have the student feel down the front of the shirt or jacket to make sure it lays flat and both sides end at the same place.

Mobility

- Have the student stand up and raise one arm in front at head level and the other arm at waist level before moving forward in the classroom. This helps the student avoid equipment that might have been moved into the middle of the room.
- Keep classroom layout the same except for equipment moved for use during the day.
- Use Velcro, a similar tactile shape or a marking on the back of the student's chairs to assist in finding his or her own place at work or at snack tables. Attach tactile symbols to doors – bathroom, exit, etc. – for identification.
- Demonstrate the trailing hand technique – when walking down a hallway, the student can follow the wall and trail his or her hand behind to feel when the wall ends or turns.
- Have a sighted guide walk in front and to the side of the student while the student holds on to the guide's elbow. The student can tell if the guide moves left or right and when the guide walks up or down stairs. Use verbal cues ahead of time to inform the student about a change in direction or upcoming steps.
- Help the student develop a sense of direction in the classroom and other areas by teaching which areas have carpet and which have tile. Students can learn how each of these surfaces feels when walking on them.
- Use a walking-assistance device to give more confidence to a student who has recently lost all sight. Walking-assistance devices can help the student tell when different surfaces are coming up, like moving from carpet to tile or from concrete to grass. (Refer to the above section on pre-cane devices.)
- Instruct the student to rely on sounds and voices to find people and locations, and to figure out what activity is happening. ♦

Common Eye Disorders and Educational Implications

By Diane Odegard, Supervisor for Instruction

Today, more than 75 percent of the visually impaired student population have additional disabilities. The visually impaired students enrolled in State Schools are representative of this majority. Teachers no longer provide instruction in isolation, but they are part of a team that includes occupational therapists, physical therapists, and speech and language pathologists.

The information below discusses some of the more common eye conditions that many of our students have, along with guidance on the educational implications for these students. Keep in mind that all suggestions are general and must be modified or adapted to meet the needs of specific students.

Albinism	A congenital condition characterized by a lack of pigment in the skin and lightly colored irises. Albinism generally results in photophobia (bright light is extremely troublesome) and high astigmatism. These students often have high refractive errors, nystagmus (impaired scanning – see next page) and require dim or average lighting. They can function with standard print size.
Amblyopia	Commonly referred to as "lazy eye," this results when strabismus (see next page) is not detected and treated early. The brain begins to suppress or block the visual images received by the weak eye, and this inhibition process can result in a permanent decrease of the vision in that eye. Classroom seating should favor the dominant eye. There may be an extreme discrepancy in the visual acuity of the two eyes, with no depth perception and only peripheral vision on the side of amblyopic eye.
Aniridia	The failure of the iris to develop fully. There is difficulty adapting to various lighting conditions, and the pupil may appear unusually large. Cataracts, glaucoma and reduced fields may also be present. Vision is better at night and varies from day to day. Students might require dim or less lighting, and they could adjust well to high magnification.
Aphakia	If the lens is removed and not replaced during cataract surgery, its absence is called aphakia. This results in an inability to focus. Individuals are legally blind without correction, photophobic and nearsighted. They also find glare troublesome.
Cataract	Any clouding of the lens is a cataract. Depending on the location, extent and density of the cloudiness, various ranges of reduced visual acuity and field losses can be expected. Distance vision is better than near or reading vision. The peripheral field may be reduced. If glasses are prescribed, they would be for reading or near vision. Provide dim lighting and avoid glare. Vision fluctuates with surroundings and natural or artificial light. The size and location of the cataract influences sharpness, clarity of detail and color. Magnification might be helpful.
Cortical Vision Impairment	This is an apparent lack of visual functioning despite anatomically and structurally intact eyes. The visual cortex of the brain is non-functional; visual input is not being processed, or is being processed incorrectly, by the brain. Nystagmus (see next page) is not present. In the absence of other eye abnormalities, the prognosis is usually good, but it can take a long time to correct. Vision-stimulation activities of all kinds are appropriate, and the potential for improved visual functioning is better in the younger child.
Glaucoma	This is increased intraocular pressure in the eye. It is caused by an imbalance in the production and flow of aqueous fluid. Glaucoma results in a gradual decrease in the peripheral field, and, if uncontrolled, in the central retinal areas. Eventually it could lead to blindness. Cataracts often develop. The decrease in visual acuity is dependent on the amount of tissue damage of the retina. Instructional considerations are the same as for cataracts.

Nystagmus	This is involuntary eye movement that results in decreased visual acuity. It is generally linked to the underdevelopment of another part of the eye and is a way for the brain to respond to bad vision. Students may tilt their heads in various directions to stabilize nystagmus and improve acuity. Because the student is trying to accommodate for the eye condition, don't try to correct the tilting of the head
Optic Atrophy	A condition that affects the optic nerve fibers, causing various symptoms such as poor visual acuity, defective color vision, difficulty with night vision, etc. The student might require adaptations due to loss of color vision, including high levels of lighting and magnification.
Retinopathy of Prematurity	Formerly called retrolental fibroplasia, this is one of the most devastating and controversial eye conditions involving young children. It was first thought to be caused by excessive oxygen given to incubated premature babies. Current theories state that the cause may not be known. Among the causative theories are too much light too early in hospital neonatal units, vitamin E deficiency and other factors associated with prematurity. Nearsightedness and strabismus are common. If not initially present, there is a possibility of retinal detachment later in life. Magnification and high levels of illumination are needed.
Refractive Errors	These conditions tend to be inherited. Variables include the size of the eyeball, the shape of the cornea, the shape of the lens and the depth of the anterior chamber. The student with hyperopia (farsightedness) exhibits a lack of interest in reading and rubbing of the eyes, or possibly even headaches, dizziness and nausea. The student with myopia (nearsightedness) exhibits behaviors of squinting and frowning. These conditions are treated by the use of glasses.
Strabismus	This describes defects of the eye muscle system. Esotropia is the deviation of one eye toward the nose. Exotropia is the deviation of one eye toward the side of the face, and hypertropia is the deviation of one eye upward. These deviations might occur with either eye alternating or always with the same eye. Esotropia is the most common and is often present at birth. Since eye muscles are responsible for coordinated movements and binocular vision, strabismus should be identified and treated as early as possible. The prognosis is better if the child is young. This is never outgrown and can lead to permanent vision loss if left untreated.

Cortical Vision Impairment

By Diane Odegard, Supervisor for Instruction

You may have one or more students in your classroom who are identified as having cortical vision impairment (CVI).* There may be other students who are undiagnosed but show symptoms of the impairment. To assess a student for possible CVI, observe the following:

Appearance

- Does not appear to be blind
- Has a blank facial expression
- Lacks visual communication skills
- Has nystagmus* infrequently

Vision Function

- Has varying visual function from day to day or hour to hour
- Shows limited visual attention and lacks visual curiosity
- Is aware of distant objects but is not able to identify them
- Demonstrates spontaneous visual activity with a short duration
- Finds visual learning tiring
- Closes eyes while listening
- Improves balance if eyes are closed
- Looks away from people and objects
- Looks constantly to either side when using vision
- Looks with a slight downward gaze when visually reaching
- Turns head to side when reaching, as if using peripheral fields

Mobility Skills

- Sees better on occasion when traveling in a car
- Has difficulty with depth perception and demonstrates inaccurate reach
- Is unable to estimate distances
- Has difficulty with spatial interpretation
- Avoids obstacles but is unable to use vision for close work

You might find that a student's vision improves:

- in familiar environments and when using familiar objects.
- when told what to look for and where to look.
- when objects are held close to the eyes.
- when objects are widely spaced.
- when looking at one object versus a group of objects.
- when color is used to assist in the identification of objects or shapes.
- when objects are placed against a plain background and paired with movement and sound.

Specific instructional strategies for students with CVI

- Use high-contrast materials (a black background and bright colors) but do not overindulge with too much color. Choose toys with one or two

(continued on page 6)

Cortical Vision Impairment

(continued from page 5)

colors.
- Find out what the child's favorite color is and use it, wear it, etc. (Yellow is a popular color.)
- Break things down. Limit the viewing area, and show the student one part of the item at a time.
- Choose toys with movement but that are not too complex.
- Be patient and wait for the student's response to a visual activity.
- Present your materials one thing at a time.
- Instruct the student to find it and then reach for it.
- Change one thing at a time while generalizing along the way. For example, start with an object that is yellow and moves slowly. Then change to something else that is yellow and moves a little faster, and so forth.
- Watch for visual clutter in the classroom. Minimize any clutter around the activity you are presenting to the student.

Vision-stimulation activities of all kinds are appropriate, and the potential for improved visual functioning is better in the younger child. Visual improvement takes a long time with consistent intervention.

Excellent resources can be found on the Texas School for the Visually Impaired Web site, located at http://www.tsbvi.edu.

*(*Refer to the article "Common Eye Disorders and Educational Implications" on pages 4-5 for a description of CVI and nystagmus.)*

HEALTH

Potential Flu Pandemic

By Claudia Rampley, Central Office

What is a pandemic?

A pandemic is an outbreak of disease on multiple continents at the same time. It is usually caused by a new virus to which people are not immune and for which there is no vaccine.

A pandemic could be so prolonged and widespread that it might require temporary changes in many areas of society, such as school, work, transportation and other public services.

Recent fears of a pandemic have arisen from the spread of avian (bird) flu, a virus that health officials fear could mutate into a form that would pass between humans.

No one can predict when a pandemic might occur, but with the help of influenza specialists in the United States and elsewhere, the World Health Organization is closely monitoring flu infections around the world.

This organization would announce the emergence of any potential pandemic strain.

Steps to limit the spread of the virus during a flu pandemic

Recognize Flu Symptoms

- fever
- headache
- body aches
- chills
- tiredness
- dry cough
- sore throat
- nasal congestion

Practice good health habits

- Eat a balanced diet, exercise daily and get sufficient rest.
- Wash hands frequently with soap and water. Use a hand sanitizer if soap and water are not available.
- Avoid touching your eyes, nose and mouth since flu virus on your hands could enter your body at these areas.
- Get a yearly flu vaccination.

Build your own flu care kit

Keep supplies on hand to care for yourself or family members who get the flu. During a pandemic, it would be important for you to have extra supplies in case you are unable to get to the store or stores run out of supplies. A kit might include:

- pain and fever reducer
- cough medicine
- decongestant
- thermometer
- tea and juice
- chicken soup
- throat lozenges (adults and older children only)
- tissues
- non-perishable foods.

Take precautions during a flu pandemic

- Minimize your contact with other people, especially in public places.
- Wash and dry your hands after you cough, sneeze, wipe or blow your nose or a child's nose, use the bathroom, or use the toilet. Also, wash and dry your hands before you prepare food, eat meals or care for anyone who is ill.

If you or a family member has the flu:

- Stay home if you are sick and keep away from other people. Avoid public places and close contact with others. The flu is easily spread through coughs and sneezes.
- Cover coughs and sneezes with tissues. If a tissue is not available, cough or sneeze into your upper shirtsleeve. The flu virus is sprayed into the air if coughs and sneezes are not covered.
- Call your healthcare provider for instructions unless it is an emergency. This avoids exposing those in a waiting room to the flu virus. Antiviral medications may lessen the effects if taken within 48 hours of the symptoms' appearance.

(continued on page 7)

Potential Flu Pandemic

(continued from page 6)

- Use Tylenol for fever. Do not give aspirin to children younger than 12 years of age.
- Prevent dehydration by drinking plenty of fluids.

If you are informed and prepared, you can take appropriate action to decrease the spread of flu at school, at home and in your community.

Stay informed about pandemic flu and be prepared to respond

- Consult http://www.pandemicflu.gov frequently for updates on national and international information.
- Contact national and local pandemic hotlines that would be established in the event of a global flu outbreak.
- Listen to the radio, watch television and read the newspaper for additional information and advice.

HUMAN RESOURCES

(All by Cheri Landers, Central Office)

Maximum Annual Leave

Personnel Policy 200-210 states that employees cannot have an annual-leave balance of more than two years worth of accrual on Oct. 31 of each year. Excess annual leave is allowed to accumulate and carry over from pay period to pay period until Oct. 31.

Employees need to look at their annual-leave balance and project what will be accrued and taken between now and October. If the projection shows you will be over your maximum annual leave allowed, it is time to start planning to take some time off. Please talk to your supervisor before requesting annual leave. It is the responsibility of all employees to monitor their annual-leave balances.

When a staff member ends state employment either by retirement or resignation, only the amount of annual leave accrued up to the maximum allowed will be paid. Any annual leave accrued over the maximum at the time of separation will be lost, or it can be donated to the Shared Leave pool.

Convenience of Direct Deposit

All new employees are required to use direct deposit, and anyone currently receiving paper checks should consider switching to direct deposit. Pay is available in your bank account on the date pay is distributed, and delays caused by the mailing of paper checks are avoided. It takes seven to 14 workdays to receive a replacement for a lost or destroyed check, and in some instances you might receive your next bimonthly check before your replacement check. Substitute employees can also be on direct deposit. Forms are available from your building administrator.

The Work Number

The Work Number is an automated employment-verification service that allows you to have your employment and salary verified within minutes. This fast and secure service is used for reference checks, loan applications, apartment leases, credit applications and other situations that require proof of employment.

No one can access your salary information without your permission. If you want your salary information to be released, you must provide your verifier with the State of Missouri company code (10106), your Social Security number and a six-digit authorization code. You can obtain a brochure outlining all the details, including how to obtain an authorization code, from your school, area office or Human Resources in Central Office. When you know your authorization code, you can also access your own information at http://www.theworknumber.com.

If you have questions or need additional instructions, contact their customer-service team at (800) 996-7566 from 7 a.m. to 8 p.m. Monday through Friday.

Family and Medical Leave

Family and Medical Leave (FML) provides for up to 12 weeks of job-protected unpaid leave within a 12-month period to salaried and wage employees. To be eligible, employees must have worked for the State of Missouri for at least 12 months and have at least 1,250 hours of actual work time in the 12 months immediately preceding the leave.

FML may be used under the following conditions:

- the birth of a child.
- the placement (adoption or foster care) of a child with the employee.
- the care for a spouse, son, daughter or parent of the employee when the spouse, son, daughter or parent has a serious health condition.
- the serious health condition of an employee.

(For a detailed definition of a serious health condition, refer to Personnel Policy 200-235.)

Taking FML is not an option; employees are required to notify their supervisors of any situation that might qualify for FML. After it is determined the employee qualifies for FML, a letter with forms will be sent to the employee for completion. Any leave taken for the qualifying event would then be coded as FML. Any available sick, annual and compensatory leave is used concurrently with an employee's 12-week FML entitlement. FML is unpaid leave if no leave is available.

If on an approved leave of absence and FML, the Department of Elementary and Secondary Education continues to provide the department's share of health-insurance coverage to salaried employees currently participating in state-sponsored health plans. If salaried employees pay any part of the premium, those payments must continue to be paid personally by the employee. The department does not provide state-sponsored life insurance at no cost to the employees during FML. Employees have the option of continuing this coverage at their own expense. ♦

PROFESSIONAL DEVELOPMENT

Praxis Tests

By Stephanie Brooks, Central Office

Educators holding a valid professional Missouri teaching certificate in a subject area other than special education can obtain a special-education teaching certificate by passing the following tests:

Certification	Praxis Tests
Early Childhood Special Education	Test 10690 – Special Education: Preschool/Early Childhood
Mild Moderate Cross Categorical	Test 20353 – Education of Exceptional Students: Core Content Knowledge Test 10542 – Education of Exceptional Students: Mild Moderate Disabilities

Information on the Praxis tests can be obtained from ETS at (609) 771-7395 or by visiting their Web site at http://www.ets.org/praxis. The Web site posts test dates by school year. About six tests are offered each year beginning in September.

Results are released after approximately four weeks and are automatically sent to DESE's Educator Certification section.

Any teacher who obtains a passing grade should write to Educator Certification, Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102, to request that a new certificate be issued. Include your name, address and Social Security number in the request, along with a copy of the Praxis results.

Please note:

- Educators currently holding temporary authorization certificates are required to take Praxis tests as part of their program of study. Passing the tests will not lead to full certification until all required coursework is completed.
- Passing the Praxis test 10544 – Education of Exceptional Students: Severe to Profound Disabilities will not result in certification in SDD unless taken as part of a full SDD-certification program.

Reminder on Changes in Certification

Q. Do I need to take 12 hours of college credit to renew my PC II certification?

A. No, there is no longer any requirement to take college courses to maintain your certificate. The classifications PC I, PC II and CPC are being phased out. The rules were changed in August 2003. An educator holding a PC II should apply to upgrade the certification one month before the PC II expires. Download the upgrade form from http://dese.mo.gov/divteachqual/teachcert/forms.html. The form gives an option of applying for a regular Career Continuous Professional Certificate (CCPC) or a high quality version of the CCPC (available with two of the following: at least ten years of approved teaching experience in Missouri, a master's degree in education or in the area of certification, or National Board Certification.) The educator should complete the front page of the application and mail both pages to Central Office. Central Office staff members complete the second page and forward the upgrade to Educator Certification. The superintendent's copy of the new certificate must be mailed to Central Office for your personnel file.

STATE SCHOOLS FOR SEVERELY HANDICAPPED
Missouri Department of Elementary and Secondary Education

• • •

Web site: http://dese.mo.gov/divspeced/stateschools/

NOTE: If you have items of interest for Staff Highlights, please call (573) 751-0706, (800) 735-2966 (Missouri Relay) or forward them to Stephanie Brooks, State Schools for Severely Handicapped, P.O. Box 480, Jefferson City, MO 65102-0480; or send an e-mail to Stephanie.Brooks@dese.mo.gov.